

STD. 262 (REV. 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
JANE IMPERATO				GOVERNOR'S OFC	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU		INDEX NUMBER	
DIR SPECIAL PROJECTS		FIRST LADY'S OFC			
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		STATE CAPITOL			
CITY	STATE	ZIP	CITY	STATE	ZIP
			SACRAMENTO	CA	95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
19-Oct		SAC-OC					158.60	AIR	9.00		0.00		167.60	
19-Oct		LA-SAC					155.60	AIR			0.00		155.60	
											0.00		0.00	
25-Oct	10:30A	SAC-LGB	263.50				144.20	AIR			0.00	9.95	417.65	
26-Oct		LONG BEACH	263.50			18.00	6.00				0.00		287.50	
27-Oct		LONG BEACH	263.50				6.00				0.00	9.95	279.45	
28-Oct	11:00A	LGB-SAC					6.00		20.00		0.00		26.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			790.50	0.00	0.00	18.00	18.00	458.40	0.00	29.00	0	0.00	19.90	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$1,333.80		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

10/19 Final site walk for security team/hotel mtg

10/25-28 Staff First Lady at Women's Conference

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

1	DATE	10/1/78	1	DATE	10/1/78
2	TO	10/1/78	2	TO	10/1/78
3	FROM	10/1/78	3	FROM	10/1/78
4	BY	10/1/78	4	BY	10/1/78
5	FOR	10/1/78	5	FOR	10/1/78
6	DATE	10/1/78	6	DATE	10/1/78
7	TO	10/1/78	7	TO	10/1/78
8	FROM	10/1/78	8	FROM	10/1/78
9	BY	10/1/78	9	BY	10/1/78
10	FOR	10/1/78	10	FOR	10/1/78
11	DATE	10/1/78	11	DATE	10/1/78
12	TO	10/1/78	12	TO	10/1/78
13	FROM	10/1/78	13	FROM	10/1/78
14	BY	10/1/78	14	BY	10/1/78
15	FOR	10/1/78	15	FOR	10/1/78
16	DATE	10/1/78	16	DATE	10/1/78
17	TO	10/1/78	17	TO	10/1/78
18	FROM	10/1/78	18	FROM	10/1/78
19	BY	10/1/78	19	BY	10/1/78
20	FOR	10/1/78	20	FOR	10/1/78
21	DATE	10/1/78	21	DATE	10/1/78
22	TO	10/1/78	22	TO	10/1/78
23	FROM	10/1/78	23	FROM	10/1/78
24	BY	10/1/78	24	BY	10/1/78
25	FOR	10/1/78	25	FOR	10/1/78
26	DATE	10/1/78	26	DATE	10/1/78
27	TO	10/1/78	27	TO	10/1/78
28	FROM	10/1/78	28	FROM	10/1/78
29	BY	10/1/78	29	BY	10/1/78
30	FOR	10/1/78	30	FOR	10/1/78
31	DATE	10/1/78	31	DATE	10/1/78
32	TO	10/1/78	32	TO	10/1/78
33	FROM	10/1/78	33	FROM	10/1/78
34	BY	10/1/78	34	BY	10/1/78
35	FOR	10/1/78	35	FOR	10/1/78
36	DATE	10/1/78	36	DATE	10/1/78
37	TO	10/1/78	37	TO	10/1/78
38	FROM	10/1/78	38	FROM	10/1/78
39	BY	10/1/78	39	BY	10/1/78
40	FOR	10/1/78	40	FOR	10/1/78
41	DATE	10/1/78	41	DATE	10/1/78
42	TO	10/1/78	42	TO	10/1/78
43	FROM	10/1/78	43	FROM	10/1/78
44	BY	10/1/78	44	BY	10/1/78
45	FOR	10/1/78	45	FOR	10/1/78
46	DATE	10/1/78	46	DATE	10/1/78
47	TO	10/1/78	47	TO	10/1/78
48	FROM	10/1/78	48	FROM	10/1/78
49	BY	10/1/78	49	BY	10/1/78
50	FOR	10/1/78	50	FOR	10/1/78
51	DATE	10/1/78	51	DATE	10/1/78
52	TO	10/1/78	52	TO	10/1/78
53	FROM	10/1/78	53	FROM	10/1/78
54	BY	10/1/78	54	BY	10/1/78
55	FOR	10/1/78	55	FOR	10/1/78
56	DATE	10/1/78	56	DATE	10/1/78
57	TO	10/1/78	57	TO	10/1/78
58	FROM	10/1/78	58	FROM	10/1/78
59	BY	10/1/78	59	BY	10/1/78
60	FOR	10/1/78	60	FOR	10/1/78
61	DATE	10/1/78	61	DATE	10/1/78
62	TO	10/1/78	62	TO	10/1/78
63	FROM	10/1/78	63	FROM	10/1/78
64	BY	10/1/78	64	BY	10/1/78
65	FOR	10/1/78	65	FOR	10/1/78
66					

0.445

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY: That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMAN

DATE \_\_\_\_\_

SIGN

AND PAYMENT

DATE \_\_\_\_\_

SIGNATURE OF TITL

**AUTHORITY FOR SPECIAL EXPENSES**

DATE \_\_\_\_\_

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